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•	PATI	ENT APPLIC	ATION Substitut	RECORD Application or Docket Number							
CLAIMS AS FILED – PART I (Column 1) (Column							SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY	
	FOR	NUMBE	NUMBER FILED N		NUMBER EXTRA		RATE	FEE		RATE	FEE
	C FEE FR 1.16(a))		,		,			\$	OR		\$
	AL CLAIMS FR 1.16(c))		minus 20	= •			x s=		OR	× \$=	
	PENDENT CLAIM FR 1.16(b))	is	minus 3 = *		•		x \$=		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column 2.					2.		TOTAL		OR	TOTAL	
. CLAIMS AS AMENDED – PART II											
1	1/5/05 (Column 1) (Column 2)			(Column 2)	(Column 3)	_	SMALL E	ENTITY	OR		R THAN ENTITY
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))		Minus	"20	=		x \$=		OR	x \$=	X
AMENDMENT	Independent (37 CFR 1.16(b))	. 2	Minus	<del>""</del> 3	=		x \$=		OR	x \$=	
AN	FIRST PRESENT	ATION OF MULTIPL	E DEPENDE	NT CLAIM (37 CF	R 1.16(d))		+ \$=		OR	+ \$=	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)									•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	j	x \$=		OR	× \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=		x \$=		OR	x \$=	
₽	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ s=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)						•		<i>-</i>	,		· · · · · · · · · · · · · · · · · · ·
INT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	ļ	RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	*	Minus	**	=		x \$=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	*	Minus	***	=		x \$=		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.